

Form - *Notice of Request for Reconsideration*

INSTRUCTIONS

This form should be used to initiate a formal administrative review of the Division's cost report findings (official action) issued after an informal conference. The form must be filed within 30 days of the provider's receipt of the new cost report findings. If no timely *Notice of Request for Reconsideration* is filed, the provider is not entitled to further administrative or judicial review of the cost report findings for the period in question.

The provider must list each disputed adjustment or other alleged error and provide a clear statement of the nature of the error. No issue which was not included on the *Request for Informal Conference* form can be subject of a Request for Reconsideration and therefore should not be included on this form.

Issues not included on this form cannot be raised later in the Request for Reconsideration proceedings, or in any subsequent review or appeal of the cost report findings. (V.D.R.S.R. §15.3(d))

In order to complete the Request for Reconsideration, the provider must also file the form *Request for Reconsideration - Supporting Information* within 10 days of the filing of this form. Failure to file the supporting information will result in the dismissal of the Request for Reconsideration, at which time the cost report findings will become final.

Effective: May 20, 1992

s/Jeanne Van Vlandren
Jeanne Van Vlandren
Director

Agency of Human Services
Division of Rate Setting
103 South Main Street
Waterbury, Vermont 05671-2201

Notice of Request for Reconsideration

IMPORTANT: This request must be filed (received) at the Division of Rate Setting within 30 days of the receipt by the provider of the cost report findings issued after an Informal Conference (official action).

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| <p>Cost Report of _____</p> <p>for the Year Ending _____</p> | <p>Pursuant to V.D.R.S.R. §15.3(a), I hereby request reconsideration of the following cost report adjustments made by Division of Rate Setting: (Be specific.)</p> |
| Adjustment No. | Statement of Alleged Error (may not include any issue that was not raised in the <i>Request for Informal Conference</i>) |
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You may use additional sheets, if necessary. Are additional sheets attached? ☐ No. ☐ Yes. If yes, how many? _____

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| <p>I am the representative of the above referenced provider for this matter, pursuant to a Notice of Representation, dated _____ and filed with the Division. I understand that all correspondence on this matter will be sent to me.</p> <p>Signature: _____</p> <p>Date: _____</p> | <p>Name and Address of Representative:</p> <p>Telephone No.:</p> |
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Within 10 days of filing this form the provider *must* file the supporting information required pursuant to V.D.R.S.R. §15.3(d) on the prescribed form, *Request for Reconsideration - Supporting Information*.

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| <p>For Division of Rate Setting use only.</p> <p>Request filed on: (date stamp)</p> | <p>Was supporting information (<i>Request for Reconsideration - Supporting Information</i>) filed within 10 days of filing of this form. <input type="checkbox"/> No. <input type="checkbox"/> Yes, on _____.</p> <p>If no, was a timely Request for Extension of Time received? <input type="checkbox"/> Yes. If yes, was it granted? <input type="checkbox"/> No. <input type="checkbox"/> Yes, until _____. Was the filing received within the extended time limit? <input type="checkbox"/> Yes, on _____. <input type="checkbox"/> No.</p> <p><input type="checkbox"/> No. Request for Reconsideration was dismissed on _____.</p> <p>cc: Provider's Representative on _____.</p> |
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